

JAN 26 2007

FAX TRANSMISSION**DATE:** January 26, 2007**PTO IDENTIFIER:** Application Number 10/748,064-Conf. #8311
Patent Number**Inventor:** Pieter J. MOSTERMAN**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (571) 273-8300**FROM:** LAHIVE & COCKFIELD, LLP

Kevin J. Canning

PHONE: (617) 227-7400**Attorney Dkt. #:** MWS-060**PAGES (Including Cover Sheet):** 12**CONTENTS:**

Amendment Transmittal (1 page)
Fee Transmittal (1 page, in duplicate) ✓
One Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page)
Amendment (6 pages)
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Application No. (if known): 10/748,064

Attorney Docket No.: MWS-060

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Amendment Transmittal (1 page)

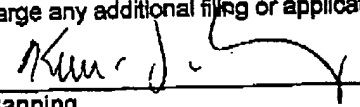
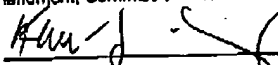
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AMENDMENT TRANSMITTAL LETTER				Docket No. MWS-060	
Application No. 10/748,064-Conf. #8311		Filing Date December 29, 2003		Examiner A. W. Paladini	
				Art Unit 2171	
Applicant(s): Pieter J. MOSTERMAN					
Invention: HIERARCHICAL REFERENCES OR LINKS IN MODELING ENVIRONMENTS					
TO THE COMMISSIONER FOR PATENTS					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	25	- 72 =		x	
Independent Claims	2	- 6 =		x	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify): Extension for response within first month					120.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					120.00
<input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity					
<input type="checkbox"/> No additional fee is required for this amendment.					
<input checked="" type="checkbox"/> Please charge Deposit Account No. <u>12-0080</u> in the amount of \$ <u>120.00</u> . A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>12-0080</u> as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
 Kevin J. Canning Attorney/Agent Reg. No.: 35,470 LAHIVE & COCKFIELD, LLP One Post Office Square Boston, Massachusetts 02109-2127 (617) 227-7400				Dated: <u>January 26, 2007</u>	
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Signature:  (Kevin J. Canning)					

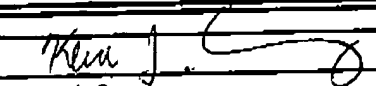
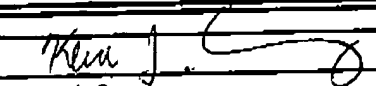
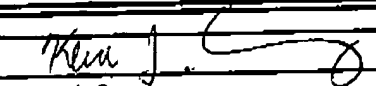
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<p>Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</p> <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">For FY 2006</h3>		<p>Complete If Known</p>																																																							
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td>10/748,084-Conf. #8311</td> </tr> <tr> <td>Filing Date</td> <td>December 29, 2003</td> </tr> <tr> <td>First Named Inventor</td> <td>Pieter J. MOSTERMAN</td> </tr> <tr> <td>Examiner Name</td> <td>A. W. Paladini</td> </tr> <tr> <td>Art Unit</td> <td>2171</td> </tr> <tr> <td>Attorney Docket No.</td> <td>MWS-060</td> </tr> </table>		Application Number	10/748,084-Conf. #8311	Filing Date	December 29, 2003	First Named Inventor	Pieter J. MOSTERMAN	Examiner Name	A. W. Paladini	Art Unit	2171	Attorney Docket No.	MWS-060																																										
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<p>2. EXCESS CLAIM FEES</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th>Fee Description</th> <th>Fee (\$)</th> <th>Small Entity Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>Each claim over 20 (including Reissues)</td> <td>50</td> <td>25</td> </tr> <tr> <td>Each independent claim over 3 (including Reissues)</td> <td>200</td> <td>100</td> </tr> <tr> <td>Multiple dependent claims</td> <td>360</td> <td>180</td> </tr> </tbody> </table> <p> <u>Total Claims</u> <u>Extra Claims</u> <u>Fee (\$)</u> <u>Fee Paid (\$)</u> <u>Multiple Dependent Claims</u> <u>26</u> <u>- 72 =</u> <u>x</u> <u>=</u> <u>Fee (\$)</u> <u>Fee Paid (\$)</u> HP = highest number of total claims paid for, if greater than 20. </p> <p> <u>Indep. Claims</u> <u>Extra Claims</u> <u>Fee (\$)</u> <u>Fee Paid (\$)</u> <u>2</u> <u>- 0 =</u> <u>x</u> <u>=</u> HP = highest number of independent claims paid for, if greater than 3. </p>				Fee Description	Fee (\$)	Small Entity Fee (\$)	Each claim over 20 (including Reissues)	50	25	Each independent claim over 3 (including Reissues)	200	100	Multiple dependent claims	360	180																																										
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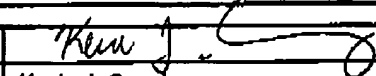
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FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
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